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ABSTRACT

Michigan's plan for the development and delivery of comprehensive, quality education programs and services for handicapped children in the state is reported. The four major goals of the plan encompass not only the need for comprehensive special education programs, but also the organizational and communications structures necessary for the delivery of the programs, performance objectives, and the roles of state operated schools and institutions. The performance objectives for the program are broken down by handicapping condition; and the performance objectives for the supportive services are divided by type of service (e.g., teacher-consultant, physical therapy service, school social work). (CD)

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state plan
for the delivery of
special education programs & services

EC 032 216 E

MICHIGAN DEPARTMENT OF EDUCATION FEBRUARY, 1971

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FOREWORD

On February 23, 1971, the State Board of Education officially adopted this State Plan for the Delivery of Special Education Programs and Services.

This plan sets forth the goals, objectives, and strategies to be used by the Michigan Department of Education to insure the delivery of educational programs and services to every handicapped child in Michigan.

The four major goals of the plan encompass the needs for comprehensive and quality special education programs and services as well as the organizational and communications structures necessary for the delivery of these programs and services to Michigan's handicapped children and youth. In addition, performance objectives are set for the delivery of special education programs and services and the roles of state operated schools and institutions in the delivery of special education programs and services are presented.

The issues and information in this state plan represent ideas from many sources including the reports of special study committees, the State Advisory Committee for Special Education, State Board of Education members, professional organizations, and parent organization representatives, and Michigan Department of Education staff from several service areas.

This State Plan for the Delivery of Special Education Programs and Services was developed by the staff of the Michigan Department of Education. Questions relative to the goals, objectives, and strategies contained in this plan may be directed to the Special Education Services of this Department.

John W. Porter
State Superintendent of
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PART I

INTRODUCTION

The Purpose of the State Plan

"The progress of a state may be measured by the extent to which it safeguards the rights of its children".[1] It is assumed that no one would deny that handicapped children are entitled to at least the same rights which are granted to non-handicapped children. It is also assumed that when the state or agency, which is responsible for allowing children to exercise their rights, has done all it can to enable the children to take advantage of their rights, that state or agency can claim to have fulfilled its obligation to its children. To state this principle in another way: if a child cannot take advantage of his rights because the responsible state has not done all that was possible for it to do, that state can be justly accused of having deprived that child of his rights.

It is significant that Michigan has since the beginning of its statehood expressed its concern for the needs of handicapped children in the following two sections from Article VIII of the State Constitution:

"Encouragement of education.

> Sec. 1. Religion, morality and knowledge being necessary to good government and the happiness of mankind, schools and the means of education shall forever be encouraged.

. . .

Services for handicapped persons.

> Sec. 8. Institutions, programs and services for the care, treatment, education or rehabilitation of those inhabitants who are physically, mentally or otherwise seriously handicapped shall always be fostered and supported."

The Michigan Legislature has enacted statutes which authorize and provide financial support for educational programs and services for handi-

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[1] The Child and the State, Volume 1, pp. VII. Grace Abbott, University of Chicago Press, Chicago 1938

capped children. These statutes have greatly encouraged the growth of special education programs and services in Michigan.

The State Board of Education has supported special education programs and services through the approval of Administrative Rules and Regulations promulgated by the Michigan Department of Education. These rules and regulations govern the details of the daily operation of special education programs and services.

Michigan has made significant progress in the provision of educational programs and services for handicapped children due in a large degree to the dedicated efforts of the Michigan Legislature, the State Board of Education, and the Michigan Department of Education. However, the fact remains that there are still handicapped children in Michigan in 1970 who receive either no educational programs and services or inadequate educational programs and services.

Therefore, the purpose of this plan is to present a unified proposal for the development and delivery of comprehensive and quality special education programs and services for the handicapped children. The major thrust of this plan is to establish goals, objectives and strategies which set forth the most effective use of resources so that each of Michigan's handicapped children will be able to exercise his right to appropriate, comprehensive, and quality educational programs and services.

The Philosophical Base of the Plan

This state plan for special education programs and services is based upon five major premises. The first and overriding premise is that:

> EVERY CHILD IN MICHIGAN MUST HAVE NOT ONLY THE RIGHT TO AN APPROPRIATE, COMPREHENSIVE AND QUALITY EDUCATION BUT ALSO MUST HAVE THE OPPORTUNITY TO TAKE ADVANTAGE OF THAT RIGHT.

In order to assure the fulfillment of this first premise through the implementation of this State Plan for the Delivery of Special Education Programs and Services, the following basic conditions must prevail:

1. THE DELIVERY OF SPECIAL EDUCATION PROGRAMS AND SERVICES MUST BE MADE MANDATORY UNDER MICHIGAN STATUTES.

2. THE ACCOUNTABILITY FOR THE DELIVERY OF SPECIAL EDUCATION PROGRAMS AND SERVICES MUST BE EXPLICITLY STATED AND ENFORCED.

3. RE-ORGANIZATION OF MICHIGAN'S EDUCATIONAL SYSTEM MUST BE ACCOMPLISHED AT THE STATE, INTERMEDIATE AND LOCAL LEVELS TO PERMIT STATE AND REGIONAL PLANNING, PROGRAMMING AND EVALUATION OF SPECIAL EDUCATION PROGRAMS AND SERVICES.

4. ADEQUATE STATE, INTERMEDIATE AND LOCAL FINANCIAL RESOURCES MUST BE PROVIDED.

The attainment of the goals and objectives and the implementation of the strategies contained within this state plan are contingent upon the existence of the above conditions.

Goals

The major and overriding goals of the Michigan Department of Education for special education programs and services are as follows:

OVERALL GOAL: TO INSURE THAT EACH HANDICAPPED CHILD IN MICHIGAN HAS THE OPPORTUNITY TO DEVELOP INTO AS SELF-SUFFICIENT AND AS CONTRIBUTING A MEMBER OF HIS COMMUNITY AS POSSIBLE. EACH CHILD MUST BE GIVEN THE OPPORTUNITY TO DEVELOP HIS PERSONAL, SOCIAL, AND VOCATIONAL SKILLS TO THE FULLEST EXTENT OF HIS CAPABILITIES.

GOAL 1: TO PROVIDE EVERY HANDICAPPED CHILD IN MICHIGAN WITH COMPREHENSIVE EDUCATIONAL PROGRAMS AND SERVICES APPROPRIATE TO HIS NEEDS.

GOAL 2: TO INSURE QUALITY EDUCATIONAL PROGRAMS AND SERVICES FOR ALL HANDICAPPED CHILDREN IN MICHIGAN.

GOAL 3: TO ESTABLISH AN ORGANIZATIONAL STRUCTURE FOR DELIVERY OF SPECIAL EDUCATION PROGRAMS AND SERVICES.

GOAL 4: TO PROMOTE THE UNDERSTANDING AND ACCEPTANCE OF HANDICAPPED PERSONS WITHIN THE EDUCATIONAL PROFESSION AND THE GENERAL PUBLIC.

Procedures in Developing the State Plan

Michigan special education programs and services have been the subject of a great deal of study in the past twelve years.[1]

Many of the recommendations of these reports already have been implemented. However, action is still needed on the majority of the issues in these reports.

This document was prepared by the Special Education Services staff of the Michigan Department of Education. The issues and information used in this state plan have been developed from many sources including the above mentioned study reports, the State Advisory Committee for Special Education, State Board of Education members, and Michigan Department of Education staff from several service areas.

Reactions to various sections of this state plan have been sought from parent and professional groups in Michigan who have a vital interest in special education programs and services. These consumer and delivery of service groups have contributed meaningfully to the refinement of the issues presented in this plan.

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[1]Some of the more important studies are as follows:

- The Jackson Report, 1959, written by professional and lay persons appointed by the Superintendent of Public Instruction
- The Report on Special Education in Michigan, 1966, written by the Special Education Sub-committee of the Michigan Senate Education Committee
- The Willenburg Report, 1967, written by a panel of well-known special education professionals appointed by the Department of Public Instruction
- The Michigan School Finance Study, 1968, by J. Alan Thomas
- Michigan Administrative Code Committee on Special Education Report, 1969, by Special Study Committee
- Michigan Special Education Finance Committee Report, 1968, by Special Study Committee
- Michigan Special Education Committee on Certification of Teachers of the Handicapped, 1970, by Special Study Committee

Survey data as well as local and intermediate school district plans for the delivery of special education programs and services which resulted from the Public Act 220 study also contributed to this state plan.

Historical background information and the 1969-70 status of special education programs and services are contained in "Special Education Services of the Michigan Department of Education" which was approved by the State Board of Education, September 22, 1970. (See Reference Material List)

This state plan was reviewed by the State Advisory Committee for Special Education in January, 1971, and recommended for adoption by the State Board of Education.

PART II

COMPREHENSIVE AND QUALITY
SPECIAL EDUCATION PROGRAMS AND SERVICES

The first two goals of this state plan pertain to the delivery of comprehensive and quality educational programs and services to handicapped children. Part of this state plan includes general definitions of comprehensive and quality special education programs and services. Specific objectives and strategies pertaining to Goal 1 and Goal 2 for comprehensive and quality educational programs and services in all disability areas are presented in Part II of this plan. Specific performance objectives pertaining to basic educational programs and supportive services for each disability area are presented in Part V and Part VI of this plan respectively.

GOAL 1: TO PROVIDE EVERY HANDICAPPED CHILD IN MICHIGAN WITH COMPREHENSIVE EDUCATIONAL PROGRAMS AND SERVICES APPROPRIATE TO HIS NEEDS.

Comprehensive programs for handicapped children should include educational services from as early in each child's life as necessary to the time when the person is abled to be as contributing and self-sufficient a member of his community as possible. In order to be comprehensive, a program must include the following:

- referral system
- diagnostic service
- placement procedure
- continuum of educational services, preschool through high school
- follow-up system

The referral system must be designed to find handicapped children and prescribe a procedure to assure that each case is referred to the appropriate agency. A regional clearing house for referrals and centralized record keeping of all services received by each child are essential parts of the referral system.

Diagnostic services should include educational, psychological, sensory and medical components. A regional clinic in combination with local school districts' resources should be used to assure that each handicapped child is given appropriate and thorough diagnostic study.

Placement procedures are crucial to the appropriate assignment of special education programs and services to meet individual children's needs. A multi-disciplinary educational planning committee should include administrators, teachers, diagnostic personnel, and other professionals who have useful information on each case. The task of the educational planning committee is to examine all the historical and diagnostic information and to prescribe a detailed plan of educational programs and/or services for each child. Parent counseling is an essential part of the placement process. The educational planning committee should also review every child placed in a special education program on a periodic basis.

A continuum of educational programs and services should include home training and preschool classroom programs for children below school age. Elementary and secondary classroom programs with pre-vocational and vocational education designed to provide each handicapped with an appropriate vocational skill or entry into higher education.

A follow-up system should include a formal means of referral to other agencies for vocational evaluation, and a means of providing post-school programs and services when needed.

Objectives and Strategies for Goal 1

The Michigan Department of Education will have the following objectives and use the following strategies in order to implement Goal 1.

Objective 1.1: To find every handicapped child in Michigan and refer him to the appropriate agency for diagnostic services.

Strategy 1.11: Conduct a statewide survey of handicapped children and youth, ages 0-25 similar to the Public Act 220 Study every three years beginning in 1972.

Strategy 1.12: Seek rule or legislative changes to facilitate the intermediate school district becoming the common referral point for all individuals suspected of being handicapped.

Strategy 1.13: Develop written procedures for use by every local and intermediate school district for referral of children who are suspected of being mentally handicapped for psychometric evaluation.

Strategy 1.14: Develop a plan procedure in cooperation with the Michigan Department of Public Health to insure the referral of every handicapped infant to the appropriate social service or health agency before the child leaves the hospital or at whatever time a medical problem is first identified.

Strategy 1.15: Encourage the referral of a handicapped infant to the intermediate school district subsequent to earliest social service or health department visit to the home.

Strategy 1.16: Cooperate with the Michigan Department of Public Health on a system for accurate registry of handicapped children and youth from 0-25 years of age for educational planning purposes.

Strategy 1.17: Inform each intermediate school district of the presence of handicapped preschool children and post-school youth in their area.

Strategy 1.18: Encourage local school districts to identify and provide service as early in a child's life as possible to determine if he is eligible for a special class or supplementary services placement.

Objective 1.2: To assure that every child who is suspected of being handicapped receives appropriate diagnostic service which will determine his educational needs.

Strategy 1.21: Develop a state plan for adequate diagnostic services and educational planning services used in placement of all handicapped children in a suitable program.

Strategy 1.22: Encourage the intermediate school district to be responsible for providing or obtaining a thorough diagnostic evaluation for every child

referred who is suspected of being handicapped. Diagnostic evaluations should describe an individual's abilities or behavior. Such data provides a multi-disciplinary team with a basis for sound decision making and program evaluation.

Strategy 1.23: Assist intermediate school districts to develop regional psycho-educational diagnostic clinics. The mental health personnel (social workers, psychologists, and psychiatrists) could be financially supported through community mental health funds. Educational diagnosis and remediation could be funded through education funds.

Strategy 1.24: Explore means of measurement and evaluation of adaptive behavior and functional expressive language to use in the evaluation of children suspected as being handicapped.

Strategy 1.25: Develop guidelines for the qualifications for professional personnel employed by the psycho-educational clinics which include the training and experience requirements for reimbursement of their position in the clinic.

Strategy 1.26: Encourage local and intermediate school districts to develop diagnostic services for continuous hearing testing, achievement intelligence testing and educational evaluation. This diagnostic service should provide both initial individual evaluation and continuing support for and evaluation of educational programs.

Strategy 1.27: Cooperate with the Michigan Department of Mental Health in the development of comprehensive psycho-educational services for all emotionally disturbed children.

Strategy 1.28: Encourage every intermediate school district and community mental health board to develop a written agreement concerning their respective responsibilities in the delivery of psycho-educational services.

There is no reason for school districts to contract with private clinics or practitioners for psycho and psychiatric services when the legislature provides money for these services through P.A. 54. There is a small number of the diagnostic personnel available and, therefore, every effort should be made to eliminate any possible duplication of services.

Strategy 1.29: Encourage 3 or 4 schools to apply for a Title VI federal grant to set up clinics for intensive diagnosis of severely handicapped children under age 8 designed to help them individually develop some type of communication by any appropriate methods or by new methods created for them.

Objective 1.3: To assure that educational placement of each diagnosed handicapped child in Michigan is carefully studied and prescribed by an educational planning committee.

Strategy 1.31: Urge local and intermediate school districts to regularly use educational planning committees to determine the appropriate educational placement of handicapped students.

Strategy 1.32: Develop guidelines for educational planning committee composition and function.

Strategy 1.33: Urge local and intermediate school districts to provide counseling for parents and handicapped children before and after placement of their child in special education programs and services.

Strategy 1.34: Develop guidelines to encourage educational agencies which provide special education programs and services to review the educational program for each child and to develop new educational recommendations on at least an annual basis.

Strategy 1.35: Encourage local and intermediate school district programs and services for handicapped to hold parent-teacher conferences on a regular basis or whenever necessary so that a child's progress can be evaluated and discussed.

Strategy 1.36: Reexamine the definition of the educable mentally handicapped child in order to decrease the number of children placed in classroom programs for the educable mentally handicapped due primarily to cultural factors.

Objective 1.4: To assure each handicapped person in Michigan that he will have a full range of educational programs and services designed to meet his needs up to the age of 25.

Strategy 1.41: Encourage local and intermediate school districts to jointly plan comprehensive special education programs for all handicapped persons up to 25 years of age.

Strategy 1.42: Encourage local and intermediate school districts to provide preschool programs for handicapped children.

Strategy 1.43: Encourage local and intermediate school districts to provide secondary special education programs with a strong vocational component for those handicapped students who could benefit from such programs.

Strategy 1.44: Encourage local and intermediate school districts to provide post-school programs for those handicapped youth who have left school and who are still in need of educational services.

Strategy 1.45: Utilize the results of the P.A. 220 survey for determining special program and service needs as a basis for planning.

Strategy 1.46: Encourage local and intermediate school districts to provide supportive services when appropriate for both the mildly handicapped in regular education programs, and the moderately and severely handicapped in special education programs. These services would include physical therapy, occupational therapy, speech therapy, school social worker service, peripathalogy, diagnostic service, vocational counseling, etc.

Strategy 1.47: Develop cooperative programs and services for handicapped youth with vocational education, compensatory education, and vocational rehabilitation.

Strategy 1.48: Use Federal vocational education funds earmarked for handicapped children to develop innovative and/or exemplary vocational programs and services for the handicapped.

Objective 1.5: To assure that every handicapped person in Michigan will receive follow-up services in order to determine that he is successfully integrated into his community.

Strategy 1.51: Encourage local and intermediate school districts to follow-up on all handicapped children identified in P.A. 220 of 1969. These follow-up procedures should include both (a) a short term review of the adjustment achieved by a new child in a special classroom program and (b) a periodic evaluation and report of all handicapped individuals (0-25) served in programs approved by the Michigan Department of Education.

Strategy 1.52: Encourage local and intermediate school districts to include follow-up services as a part of their comprehensive plan to meet the needs of handicapped children and youth.

Strategy 1.53: Follow-up on the preschool blind children whose parents participated in the Macomb Intermediate School District sponsored workshop and the 85-926 (ESEA) funded workshop in Traverse City held during 1970.

GOAL 2: TO INSURE QUALITY EDUCATIONAL PROGRAMS AND SERVICES FOR ALL HANDICAPPED CHILDREN IN MICHIGAN.

In addition to comprehensive programs and services, quality special education programs and services for handicapped children should include the following characteristics:

- well trained professional and para-professional personnel
- appropriate facilities
- relevant curriculum
    a. appropriate materials
    b. adequate supplies
- enlightened leadership
- opportunities for integration of handicapped children with their "normal" peers whenever appropriate
- systematic program or service evaluation

Adequately trained professional and para-professional personnel are the backbone of quality programs and services. A continuous updating and

upgrading of training is necessary in order to assure that handicapped children receive the benefit of the latest methods and materials.

Initial and inservice training must combine to produce an adequate supply of teachers and other professional personnel as well as para-professional personnel.

The curriculum of special education programs must be continually upgraded to assure that it meets the needs of the handicapped children it services. It is important that curriculum be evaluated in terms of the goal of producing an adult who is as self-sufficient as possible and who makes a positive contribution to his community.

Leadership knowledgeable in the education of handicapped children is an essential to assure that comprehensive planning and evaluation of special education programs and services is an on-going process.

Opportunities for appropriate integration of handicapped children with their "normal" peers are essential. Not only does it prepare the handicapped child for his future in the community, but it also helps the community to know, understand, and tolerate individual human differences.

Continuous and systematic program evaluation is needed to reveal the deficiencies of the program and to suggest more appropriate means to meet the educational needs of the handicapped child. Emphasis should be placed on the ability to adjust the programs and services to the need of each child, not to force the child to fit the system.

Objectives and Strategies for Goal 2

The Michigan Department of Education will have the following objectives and use the following strategies in order to implement Goal 2.

Objective 2.1: To insure a sufficient number of well-trained professional personnel needed to provide special education programs and services.

Strategy 2.11: Develop new rules and regulations for teacher approval

based on the recommendations of the special study committee on special education teacher approval.

Strategy 2.12: Cooperate with Michigan teacher training institutions to implement the recommendations of the special study committee which call for approval based upon teacher competencies.

Strategy 2.13: Cooperate with Michigan teacher training institutions and local and intermediate school districts to develop a plan to persuade regular teachers who are approved for special education to return to teaching the handicapped. This is particularily critical in the area of the emotionally disturbed.

Strategy 2.14: Develop guidelines which clarify the roles of special education personnel including teachers, teacher-consultants, teacher-aides, occupational and physical therapists, peripatalogists, audiologists, speech correctionists and other professional, para-professionals, and non-professional personnel.

Strategy 2.15: Conduct inservice training programs, institutes and conferences designed to upgrade the training of present special education personnel employed by local and intermediate school districts.

Strategy 2.16: Use federal funds from Public Law 85-926, and state funds from Public Acts 155 and 156 to provide scholarships for training special education personnel who are in the greatest demand.

Strategy 2.17: Encourage Michigan teacher training institutions to require all teachers to have at least one course such as an introduction to or survey of handicapped children.

Objective 2.2: To assure that special education programs and services are operated in appropriate facilities with the necessary and appropriate equipment and supplies.

Strategy 2.21: Establish procedure for cooperation with the School Plant Planning Division in regard to building and classroom design for the

handicapped. Hereafter, such buildings and facilities should also be approved by the Division of Special Education if reimbursable programs are to be housed in them. All new schools in Michigan must be barrier-free.* Many more handicapped children can, therefore, be expected to be integrated if their special physical needs can be met.

Strategy 2.22: Encourage school districts which operate special education programs and services to furnish each facility with sufficient and appropriate equipment necessary for a quality educational program.

Strategy 2.23: Initiate procedures for reimbursement of specialized equipment and materials used in special education programs. Utilize the services of computer processing techniques available within the Department of Education for inventory control and equipment auditing. Publicize the availability of, and encourage the use of, specialized educational materials.

Strategy 2.24: Organize and operate materials workshops in cooperation with intermediate school districts in order to acquaint special education personnel with the latest instructional materials.

Strategy 2.25: Encourage intermediate school districts to establish learning centers which would provide resource materials and training in their use for the teachers of its constituent school districts.

Strategy 2.26: Work with individual special education teachers or school districts in the development of new instructional materials designed to meet the specific needs of their handicapped children.

Strategy 2.27: Explore the possibility of the use of programmed or computerized learning materials with various types of handicapped children.

Strategy 2.28: Provide the opportunity to initiate the use of innovative, individualized equipment and materials for severely multiply handicapped children.

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*Public Act I, 1966

Objective 2.3: To assure that the curriculum of all special education programs and services is relevant to the needs of the handicapped persons they serve.

Strategy 2.31: Develop basic educational program guidelines for educational programs for all types of handicapped children.

Strategy 2.32: Encourage local and intermediate districts to develop curricula with pre-vocational experiences and opportunities for on-the-job training for handicapped youth.

Strategy 2.33: Encourage local and intermediate offices to develop programs designed to develop social skills. Include in the handicapped child's life plan many opportunities for (a) participation in active games (skating, dancing, and bowling, etc.) (b) an understanding of spectator sports and (c) knowledge of such recreational activities as table games, checkers, chess, etc.

Strategy 2.34: Develop guidelines to incorporate physical and occupational therapy services as a part of the total curriculum. Develop these activities as a functional part of the life style of the handicapped individual.

Strategy 2.35: Encourage districts to seek alternative types of programming which attempt to prepare the individual to successfully adjust to community life. These alternatives may be initiated on an "experimental" basis.

Strategy 2.36: Encourage local and intermediate school districts which operate special education programs and services to incorporate the use of all of the sensory modalities in their curriculum such as auditory, visual, tactile, and kinesthetic approaches.

Strategy 2.37: Urge all districts which offer special education programs to develop a complete sequential curricula from preschool through high school for each type of handicapped child.

Strategy 2.38: Develop a cooperative study of vocational opportunities for handicapped youth with Vocational Education Services and Vocational Rehabilitation Services.

Objective 2.4: To assure that an adequate supply of well trained, experienced and knowledgeable special education leadership personnel are available at the state, intermediate and local levels.

Strategy 2.41: Encourage intermediate or regional school district offices and the local district to develop a program plan which includes philosophy, goals, objectives and strategies designed to obtain meaningful and sequential education programming for handicapped children.

Strategy 2.42: Encourage local and/or intermediate school districts which maintain programs and services for each type of handicapped child to employ a supervisor for these programs and services whenever the total number of professional personnel in a specific program or service exceeds ten.

Strategy 2.43: Cooperate with Michigan universities which train special education directors by allowing their interns to work with Special Education Services staff.

Strategy 2.44: Plan and operate workshops and institutes designed to increase the knowledge and administrative skills of special education directors and supervisors.

Strategy 2.45: Continue to meet regularly with the Michigan Intermediate Administrators of Special Education, Michigan Association of Administrators of Special Education, and the Michigan Supervisors of Special Education organizations.

Strategy 2.46: Encourage the Michigan Department of Education, Special Education Services staff to attend professional workshops, institutes, and conventions in order to remain abreast of the latest developments in the field of special education.

Objective 2.5: To assure that every handicapped person in Michigan is successfully integrated into his school and community to the degree appropriate to each person's needs.

Strategy 2.51: Urge local and intermediate school districts to integrate their handicapped children and youth into regular classroom programs whenever appropriate.

Strategy 2.52: Encourage local and intermediate school districts to develop cooperative vocational - special education programs.

Strategy 2.53: Encourage coordination of job placement and skills training between the teacher counselors for the mentally handicapped and the physically handicapped in close cooperation with vocational education and vocational rehabilitation agencies.

Strategy 2.54: Urge local districts whose handicapped students are served by teacher-counselors to share hardware and software with regular teachers and other special education personnel.

Strategy 2.55: Encourage local and intermediate school districts to offer inservice training programs designed to acquaint regular teachers with the needs of handicapped students.

Objective 2.6: To develop the instruments and methods by which to evaluate special education programs and services.

Strategy 2.61: Develop self-evaluation instruments for local and intermediate school districts to use to evaluate their special education programs and services.

Strategy 2.62: Utilize the evaluation instrument to measure the degree of compliance with rules and regulations of local and intermediate programs and services.

Strategy 2.63: Require programs operating on an experimental basis to develop a method of program evaluation.

Strategy 2.64: Facilitate interchange of information concerning techniques of program evaluation, staff appraisal, etc., so that districts may learn more from each other.

Strategy 2.65: Utilize the expertise and findings of the present Title VI review team.

Strategy 2.66: Evaluate special education programs and services during Public Act 269 visitations by Special Education Services staff members.

Strategy 2.67: Use one school district to test various means of special education program evaluation. The Kalamazoo Public Schools has requested that its special education programs and services be evaluated by the Michigan Department of Education, Special Education Services staff.

Strategy 2.68: Develop a means to use assessment data to evaluate special education programs and services based primarily on an individual student's progress as it relates to his prescribed educational program by the Educational Planning Committee.

Strategy 2.69: Encourage local and intermediate school districts to set measurable objectives for their programs and services so that they may be objectively evaluated.

PART III

ORGANIZATIONAL STRUCTURE FOR DELIVERY OF SPECIAL EDUCATION PROGRAMS AND SERVICES

GOAL 3: TO ESTABLISH AN ORGANIZATIONAL STRUCTURE TO INSURE THE DELIVERY OF SPECIAL EDUCATION PROGRAMS AND SERVICES TO THE HANDICAPPED CHILDREN OF MICHIGAN.

The following objectives and strategies will be followed and used by the Michigan Department of Education to support the attainment of Goal 3:

Objective 3.1: To establish accountability for the delivery of special education programs and services.

At the present time the statutes governing the delivery of special education programs and services are permissive. In other words, local school districts may provide programs and services for handicapped children if they so desire. Although the state has offered financial inducements to local school districts to encourage the growth of special education programs and services, there are still many handicapped children in Michigan who are not receiving appropriate programs or services. Indeed, too many handicapped children currently receive no educational program at all. A major reason for this shortage of programs and services is that neither local nor intermediate school districts are held accountable for the delivery of special education programs and services.

In order to correct this situation, statutory revision is necessary. The necessary statutory revisions and a detailed explanation of these revisions is contained in Report Number One, General Information on Public Act 220 of 1969 Study of Handicapped Children and Youth. The strategies for obtaining accountability for delivery of special education programs and services contained in the proposed statutory revision are listed below.

Strategy 3.11: The Michigan Department of Education must develop and continually evaluate a state plan for the delivery of comprehensive and quality special education programs and services designed to develop the maximum potential of every handicapped child in Michigan.

Strategy 3.12: Mandatory legislation must be passed to fix the responsibility of services.

Strategy 3.13: Local school districts must be held accountable for:

a) providing special education programs and services either by district operation or by contracting through the intermediate office.

b) transporting resident handicapped children to their special education whenever necessary.

c) provide room and board for its resident students who must receive contracted service too far from the local district for daily transportation.

Strategy 3.14: Intermediate school districts must be held responsible for:

a) development and continually updating a plan which coordinates all the special education programs and services within its constituent districts.

b) contracting with constituent school districts and other agencies to provide appropriate special education programs and services to all the handicapped children who are legal residents of that intermediate school district.

c) operation of special education programs and services when its constituent districts can not effectively do so.

d) maintainance of a record of every handicapped person up to age 25 whose parents reside within the intermediate school district.

e) placement of any handicapped child in an appropriate program or service operated or contracted through the intermediate district.

f) investigation of special education programs and services offered by its constituent school districts and report violations of contracts, rules and regulations, or statutes to the Michigan Department of Education.

Objective 3.2: To decrease the number of intermediate or regional school districts in order to assure an adequate population and financial base upon which to base the provision of appropriate special education programs and services for all handicapped children.

The Michigan Department of Education has concluded that the population base necessary for the provision of comprehensive special education programs and services is a minimum of 40,000 school age population.

On the basis of a minimum school age population of 40,000, an intermediate district would have the following projected numbers of handicapped children.

Disability Area	Incidence Figure (Percent)	Number based on 40,000 School Age Population
Educable M.R.	2.0	800
Trainable M.R.	.3	120
Emotionally Disturbed	2.0	800
Hard of Hearing	.5	200
Deaf	.1	40
Partially Seeing	.5	200
Blind	.1	40
Severely Multiply Handicapped	.05	20
Physically Handicapped	1.5	600
Speech Defective	3.5	1,400
	Total	4,220

A minimum school age population of 40,000 would provide an intermediate school district with enough handicapped children, even in low incidence areas, for adequate educational programming.

At the present time some of Michigan's 59 intermediate school districts contain less than one thousand (1,000) students which is inadequate for the provision of comprehensive special education programs and services.

The financial base of the existing 59 intermediate school districts varies from $9,879 to $29,597 SEV per pupil. Consolidation of intermediate school districts would tend to equalize the amount of money available for each child and equalize educational opportunities for all children throughout the state.

Of the current 59 intermediate school districts only 30 employed an approved director of special education in 1969-70. Of these 30 directors, a majority had only temporary approval or were grandfathered into their positions. In order to assure the delivery of appropriate special education programs and services trained professional leadership is essential. Therefore, a reduction in the number of intermediate/regional school districts would also mean a reduction in the number of special education programs and services without appropriate leadership personnel.

Strategy 3.21: Encourage the reduction in the number of intermediate school districts so that the smallest has a minimum of 40,000 school age population.

Strategy 3.22: Provide statistical information from the Public Act 220 study to the Legislature and the Governor to support the need for consolidation of intermediate school districts.

Objective 3.3: To revise the rules and regulations governing special education programs and services to facilitate the delivery of these programs and services to the handicapped children of Michigan.

In the spring of 1967 a special committee was appointed by the Michigan Director of Special Education on the recommendation of the State Advisory Committee for Special Education to study the Michigan Administrative Code on Special Education. The recommendations for changes in special education rules and regulations were presented to and approved by the State Advisory Committee in April, 1969. This special committee report is referred to on the Reference Material Section of this plan.

Strategy 3.31: Develop new rules and regulations for special education based on the recommendations of the Special Study Committee and the State Advisory Committee.

Strategy 3.32: Present these new rules and regulations to the State Board of Education for approval.

Objective 3.4: To recommend the complete and specific revision of the Michigan School Laws relating to the delivery of special education programs and services.

Current Michigan School Laws relating to special education are a patch-work which are sometimes contradictory and actually impede the delivery of special education programs and services.

In addition, as stated above, the permissive nature of the existing school code allows local and intermediate school districts to avoid providing programs and services to handicapped children.

The recommended complete and specific revision of the Michigan School Laws relating to Special Education is presented in the Public Act 220 Report listed under Reference Material. The strategies contained in this proposed statutory revision are stated below:

Strategy 3.41: Establish the responsibility for the delivery of special education programs and services.

Strategy 3.42: Repeal conflicting statutory provisions.

Strategy 3.43: Eliminate statutory impediments to the delivery of special education programs and services.

Objective 3.5: To modify the role of staff of the Michigan Department of Education in facilitating the delivery of special education programs and services to the handicapped children in Michigan.

Historically, the role of Special Education Services in the Michigan Department of Education has been that of providing advisory or consultant services to local and intermediate school districts. However, the recent demands for accountability and program evaluation on the part of many citizens have caused the Special Education Services' role to include more regulatory functions. In addition, recent developments have shown that a continuous statewide comprehensive planning role will be necessary to provide coordination of the delivery of special education programs and services to the handicapped children of Michigan.

Strategy 3.51: Study the functions of the staff of Special Education to determine the most effective and efficient use of manpower to insure the fulfillment of its current and future role in the delivery of programs and services to Michigan's handicapped children.

Strategy 3.52: Develop a plan for the effective use of manpower within Special Education Services, Michigan Department of Education to encompass the three major roles of consultant services, program regulation and evaluation, and comprehensive planning.

Strategy 3.53: Implement the plan for a modified role for Special Education Services after approval of the State Board of Education.

PART IV

UNDERSTANDING AND ACCEPTANCE OF THE HANDICAPPED THROUGH COMMUNICATION

GOAL 4: TO INCREASE THE UNDERSTANDING AND ACCEPTANCE OF HANDICAPPED PERSONS WITHIN THE EDUCATIONAL PROFESSION AND WITH THE GENERAL PUBLIC.

The following objectives and strategies will be followed and used by the Michigan Department of Education to support the attainment of Goal 4.

Objective 4.1: To establish a formal communication network with special education personnel in Michigan.

At the present time communication with special education personnel in Michigan is on an informal and unorganized basis. Michigan Department of Education special education personnel attend meetings of the Michigan Association of Administrators of Special Education, the Michigan Federated Chapters of the Council for Exceptional Children and other professional special education groups. However, there is no organized communication network between local and intermediate school districts special education personnel and Michigan Department of Education Special Education consultants.

In order to establish a formal communications network Special Education Services of the Michigan Department of Education will do the following:

Strategy 4.11: Publish a newsletter which will be disseminated to special education personnel in Michigan.

Strategy 4.12: Establish and maintain formal communication links with the professional special education organizations in Michigan by assignment of Special Education Services staff members to be responsible for communication with professional special education organizations in Michigan.

Strategy 4.13: Continue contacts with special education personnel through Michigan Department of Education sponsored institutes, conferences and workshops.

Strategy 4.14: Encourage professional special education organizations to establish and maintain a communications network among themselves.

Strategy 4.15: Establish and maintain a formal communications network with and among special education personnel at Michigan universities.

Objective 4.2: To increase the knowledge and understanding of handicapped persons among all educators in Michigan.

One of the most disturbing and stubborn obstacles to the delivery of special education programs and services to handicapped children in the attitude of general educators. In order to improve this attitude, Special Education Services of the Michigan Department of Education will do the following:

Strategy 4.21: Inform the State Board of Education of current special education programs and services and new developments in the field of special education.

Strategy 4.22: Encourage local and intermediate school districts to provide inservice training to acquaint all their teachers and administrators with the field of special education and handicapped children.

Strategy 4.23: Participate in local and intermediate inservice training programs for general educators by providing Special Education Services staff personnel as presenters or by assisting in workshop or inservice training planning.

Strategy 4.24: Develop and sponsor institutes, conferences and workshops to stress educational programming based on individual differences for general educators.

Strategy 4.25: Encourage Michigan universities to orient all education majors to enable them to understand and cope with the individual differences of all children including the handicapped.

Strategy 4.26: Produce and revise bulletins which describe desirable special education programs and services.

Strategy 4.27: Initiate and/or cooperate in joint projects and discussions which involve more than one service area within the Michigan Department of Education.

Objective 4.3: To establish formal communication contacts between the Michigan Department of Education and parent organizations.

One of the major forces behind the growth of special education programs and services has been support of organizations composed of parents of handicapped children. In order to foster the support of special education programs and services by parent organizations, Special Education Services of the Michigan Department of Education will do the following:

Strategy 4.31: Establish and maintain formal communication links with parent organizations.

Strategy 4.32: Provide speakers and planning assistance for parent organization conferences, and conventions.

Strategy 4.33: Encourage interaction, i.e. joint meetings and conferences, between parent groups.

Objective 4.4: To increase the knowledge of the general public about special education programs and services for handicapped children.

One of the aims of special education programs and services is to enable the handicapped person to function within his community. In order for integration of the handicapped into the community to work, both the handicapped person and the community must be prepared. Special education programs and services prepare the child for integration into his community. What is

needed is an organized effort to prepare the community for acceptance of the handicapped person. Although the latter is a difficult task the Michigan Department of Education will implement the following strategies:

Strategy 4.41: Prepare informational materials, brochures, pamphlets, etc. to inform the general public of the needs of handicapped persons.

Strategy 4.42: Prepare periodic releases for the news media concerning handicapped persons and special education programs and services.

Strategy 4.43: Inform the Michigan Legislature of the status of special education programs and services and of the educational needs of handicapped children and youth.

PART V

PERFORMANCE OBJECTIVES FOR BASIC EDUCATIONAL PROGRAMS FOR HANDICAPPED CHILDREN

Basic educational programs for handicapped children are defined as primarily classroom programs for those children who are so handicapped that they cannot benefit from a regular classroom even with supportive services. These basic classroom programs would include not only a specially trained teacher but also whatever supportive services are needed to maintain the handicapped children in the special class program.

In Part V the goal of providing comprehensive and quality basic educational programs for the specific types of handicapped children is presented. Performance objectives are presented for basic educational programs for various types of handicapped children.

EDUCABLE MENTALLY HANDICAPPED

Definition of Educable Mentally Handicapped

A pupil shall be considered enrolled as a member of the program under this act, as determined through adequate diagnostic study, if (a) he is mentally handicapped and potentially socially competent, (b) he is mentally handicapped but prognosis is such that he may appear neither academically educable nor potentially socially competent but who may with training become at least partially self-supporting. Excluded under this act is the pupil who is intellectually able but who is not making satisfactory progress and adjustment.

GOAL 1: TO PROVIDE EDUCABLE MENTALLY HANDICAPPED CHILDREN IN MICHIGAN WITH BASIC CLASSROOM PROGRAMS APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. The needs for basic classroom programs for educable mentally handicapped are based on the following population estimates, incidence rates, and professional personnel-student ratio.

Age Group	Population	Incidence Rate	Professional personnel-student ratio
0-4	969,000	.0075	1:15
5-19	2,500,000	.015	1:15
20-25	500,000	.00075	1:15

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19 except for trainable and severely retarded incidence rates which will be the same.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. All children currently in institutions should be included in the calculation of numbers needing service.

6. Personnel requirements to provide all the basic classroom programs needed for the educable mentally handicapped are 3,110 teachers of the educable mentally handicapped.

7. The number of teachers of the mentally handicapped in the last two years of training at Michigan universities in 1970-71 is 1,061.

8. Based on the number of professional personnel in training (7), there will be about 200 persons who will be available to become teachers of the educable mentally handicapped each year until 1974-75.

Objectives:

Performance Objectives

Actual Number of Progams/ Services	Estimated Number of Basic Classroom Programs for Educable Mentally Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
2,148	2,350	2,550	2,750	2,950	3,110	3,110

Priorities:

1. Secondary program development.
2. Vocational education and special education cooperative programs.

TRAINABLE MENTALLY HANDICAPPED

A non-educable but trainable mentally handicapped child is an individual, as determined through diagnostic study who:

1. is developing at approximately the rate of 1/3 of the normal intellectual development and whose intelligence quotient is approximately between 30 and 50 as determined by individual standardized intelligence tests; and
2. has potential for self-care, social adjustment to home and neighborhood and for supervised economic usefulness in the home or in a sheltered work situation within the community.

GOAL: TO PROVIDE TRAINABLE MENTALLY HANDICAPPED CHILDREN IN MICHIGAN WITH BASIC CLASSROOM PROGRAMS APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. The needs for basic classroom programs for trainable mentally handicapped are based on the following population estimates, incidence rates, and professional personnel-student ratio.

Age Group	Population	Incidence Rate	Professional personnel-student ratio
0-4	969,000	.0015	1:15
5-19	2,500,000	.003	1:15
20-25	500,000	.003	1:15

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rate for ages 20-25 will be the same as the rate for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. All children currently in institutions should be included in the calculation of numbers needing service.

6. Personnel requirements to provide all the basic classroom programs needed for the trainable mentally handicapped are 716 teachers of trainable mentally handicapped and 716 teacher-aides.

7. The number of teachers of the mentally handicapped in the last two years of training at Michigan universities in 1970-71 is 1,061.

8. Based on the number of professional personnel in training (7) there will be 100 persons who will be available to become teachers of the trainable mentally handicapped each year until 1974-75.

9. Basic classroom programs for trainable mentally handicapped require one professional teacher of the mentally handicapped and one teacher-aide per program unit.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Basic Classroom Programs for Trainable Mentally Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
334	410	500	600	700	716	716

Priorities:

1. Intermediate school district trainable programs.

2. Local school district contracted trainable programs.

SEVERELY MENTALLY HANDICAPPED

To be considered severely mentally handicapped, a child should meet the following criteria:

1. Have less than a 30 I.Q. on an individual intelligence test.

2. Lack the ability for a trainable program.

3. Have potential for learning basic self-care and communication skills.

Historical Background

Until comparatively recent times the mentally retarded were removed from society and placed in institutional settings. This was assumed to be in the best interests of both the normal and the retarded population. The prevailing beliefs were that society needed protection from the retarded, while the retarded needed a haven from possible exploitation by society.

Today, many sociologists feel that the pattern of institutional care of the retarded developed historically simply as a "humane" method of removing an unpleasant and unsettling picture of man from the more fortunate members of society.

Institutions over the years have illustrated several interesting philosophies relative to the retarded. Some have proven that when one expects a man to behave as an animal, and treats him as such, these expectations are fulfilled. Conversely, others have shown that with proper care and training, even many severely retarded individuals can function very adequately within a supervised environment.

Gradually, during the past few decades, the numbers of mildly (educable) and moderately (trainable) retarded committed to our state institutions have dwindled. This decrease is in direct proportion to the development and the increase in the numbers of public school programs for these children.

Since 1960, the people of Michigan have shown a steadily increasing interest in the care and training of the severely retarded child. With this interest there has developed an awareness that much of this care and training can and should be carried out at the community level.

Due to the limitations set for individuals qualifying for public school programs for the severely mentally handicapped, many of these children were unable to participate in a school operated program. These individuals fell into

the severely retarded range, had multiple handicaps, or lacked requisite levels of self-care skills to qualify for these programs.

To meet the needs of this population residing in Michigan communities, the Michigan Department of Mental Health initiated a new program of Day Training Centers in 1963. It quickly became apparent that these were not baby sitting operations when increasing numbers of children qualified for and advance to trainable and even educable programs within the public schools.

In the past the responsibility for community level service to the severely mentally handicapped has been delegated to the Department of Mental Health. It is now being proposed that the administration and funding of these training programs for severely mentally handicapped be assigned directly to the Michigan Department of Education.

GOAL: TO PROVIDE SEVERELY MENTALLY HANDICAPPED CHILDREN IN MICHIGAN WITH BASIC CLASSROOM PROGRAMS APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for basic classroom programs for severely mentally handicapped may be based on the following population estimates, incidence rates, and professional personnel-student ratio.

Age Group	Population	Incidence Rate	Professional personnel-student ratio
0-4	969,000	.0005	1:6
5-19	2,600,000	.001	1:6
20-25	500,000	.001	1:6

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rate for ages 20-25 will be the same as the rate for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. All children currently in institutions should be included in the calculation of numbers needing service.

6. Personnel requirements to provide all the basic classroom programs needed for the severely mentally handicapped are 150 teachers of the severely mentally handicapped and 598 child training assistants.

7. The number of teachers of the mentally handicapped in the last two years of training at Michigan universities in 1970-71 is 1,061.

8. Based on the number of professional personnel in training (7) it is estimated that 40 will be available to become teachers of the severely mentally handicapped each year until 1974-75.

9. Basic classroom programs for severely mentally handicapped require one child training assistant for each classroom unit and one prefessional teacher of the mentally handicapped for each four classroom units.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Basic Classroom Programs for Severely Mentally Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
-0-	80	200	320	440	598	598

Priorities:

1. More regional/intermediate programs under educational administration.
2. More local programs under educational administration.

HEARING IMPAIRED (Deaf and Hard of Hearing)

In defining hearing impairment which is educationally significant, not only audiometric test results, but also other factors must be considered as follows: (1) Age at onset of deafness; (2) language development, if any; (3) general health status of child; (4) special and emotional adjustment; (5) intellectual abilities; (6) academic status; (7) home, school, and

community understanding; (8) and preparation and experience of child's teacher. The Illinois State Plan indicates the expected relationship of hearing loss to function of the child. With some modifications the Illinois chart which follows will be used to define hearing handicaps in terms of desirable educational procedures at the local level:

Educational Needs in Relationship to Hearing Impairment

Hearing Loss	Educational Procedures
(Slight) 16 to 29dB(ASA) 27 to 40dB(ISO)	(What to Do) 1. Report to administrator 2. May need hearing aid if loss is at top level of classification 3. Plan language and vocabulary development if he needs it 4. Offer roving seat in school 5. May need lip reading and speech help
(Mild) 30 to 44dB(ASA) 41 to 55dB(ISO)	(What to Do) 1. Refer to special education for follow-up 2. Give auditory training in use of individual hearing aid 3. Roving seat or possibly special class placement 4. Give help in vocabulary, lip reading, speech conservation and correction
(Marked) 45 to 59dB(ASA) 56 to 70dB(ISO)	(What to Do) 1. Refer to special education - teacher counselor or special class 2. Give language help, vocabulary development, reading and grammar 3. Auditory training with individual hearing aid 4. Lip reading 5. Auditory and visual stimulation all of the time
(Severe) 60 to 79dB(ASA) 71 to 90dB(ISO)	(What to Do) 1. Full-time special class for deaf emphasis and language, concept development, lip reading and speech 2. Auditory training with individual and group hearing aids 3. Participation in regular classes only when and if he can do work successfully
(Extreme) 80dB or more (ASA) 91dB or more (ISO)	(What to Do) 1. Full-time in special class with emphasis on language, concept development, lip reading, speech and auditory training with individual and group aids 2. Continuous evaluation of success of communication skills 3. Only selective participation in regular class

GOAL: TO PROVIDE HEARING IMPAIRED CHILDREN IN MICHIGAN WITH BASIC CLASSROOM PROGRAMS APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for basic classroom programs for hearing impaired are based on the following population estimates, incidence rates, and professional personnel-student ratio.

Age Group	Population	Incidence Rate	Professional personnel-student ratio
0-4	969,000	.00075	1:8
5-19	2,500,000	.0015	1:8
20-25	500,000	.000075	1:8

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. All children currently in institutions are included in the calculation of numbers needing service.

6. Personnel requirements to provide all the basic classroom programs needed for the hearing impaired are 583 teachers of the hearing impaired and 291 teacher-aides.

7. The number of teachers of the hearing impaired in the last two years of training at Michigan universities in 1970-71 is 154.

8. Based on the number of professional personnel in training (7) it is estimated that 50 will be available to become teachers of the hearing impaired each year until 1974-75.

9. Basic classroom programs for hearing impaired require one professional teacher of the hearing impaired per classroom unit and one teacher-aide for every two classroom units.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Basic Classroom Program Units for Hearing Impaired					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
238	288	338	388	438	488	583

Priorities:

1. Secondary vocational programs for hearing impaired children.
2. Infant and preschool programs for hearing impaired children.

VISUALLY HANDICAPPED (BLIND AND PARTIALLY SEEING)

Visually handicapped persons are traditionally and legally defined, according to medical diagnoses, as follows:

a. Blind persons are those having a central visual acuity of 20/200 or less in the better eye, after correction, or a peripheral field so restricted that the widest diameter of such field subtends an angular distance no greater than 20 degrees.

b. Partially seeing persons are those persons with a central visual acuity between 20/70 and 20/200 in the better eye after correction.

However, no longer should visual acuity alone be considered synonymous with visual ability or educational potential. Flexibility in educational placement and mobility within educational program structure should be the hallmarks of a statewide program for legally blind and partially seeing children. The following educational placement facilities and service should be available for such children depending on whether the handicap is classified as minimal, moderate, or intensive:

a. separate public school classrooms segregated from those for fully seeing or normally visioned children;

b. a "resource room base" in a public school coordinated by a certified teacher of the blind and partially seeing and located in a regular school, such that activities may be integrated with those of normally seeing children;

c. a residential care institution for blind and partially seeing (e.g. Michigan School for the Blind);

d. a residential care institution housing children some of whom are blind or partially seeing but who need special care for other reasons than those emanating from visual handicaps (e.g. institutions operated by Michigan Department of Mental Health).

If, according to the judgment of a qualified medical examiner, a child is found to have special or progressive vision problems, the child should be referred for educational diagnosis, which diagnosis could result in placement in any one of the alternative situations described above. It is most important to keep in mind that there is a large increase in the number, quality, and availability of low-vision aids at moderate cost and also that there are practical and social limitations associated with even slight degrees of vision impairment.

GOAL: TO PROVIDE VISUALLY HANDICAPPED CHILDREN IN MICHIGAN WITH BASIC CLASSROOM PROGRAMS APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for basic classroom programs for visually handicapped are based on the following population estimates, incidence rates, and professional personnel-student ratio.

Age Group	Population	Incidence Rate	Professional personnel-student ratio
0-4	969,000	.00015	1:8
5-19	2,500,000	.0003	1:8
20-25	500,000	.000015	1:8

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. All children currently in institutions are included in the calculation of numbers needing service.

6. Personnel requirements to provide all the basic classroom programs needed for the visually handicapped are 116 teachers of the visually handicapped and 58 teacher-aides.

7. The number of teachers of the visually handicapped in the last two years of training at Michigan universities in 1970-71 is 107.

8. Based on the number of professional personnel in training (7) it is estimated that 35 will be available to become teachers of the visually handicapped each year until 1974-75.

9. Basic classroom programs for visually handicapped require one professional teacher of the visually handicapped per classroom unit and one teacher-aide for every two classroom units.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Basic Classroom Programs for Visually Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
90	100	110	116	116	116	116

Priorities (for emphasis by Michigan Department of Education):

1. Preschool programs for the blind and partially seeing.

2. Vocational education programs for the blind and partially seeing.

CRIPPLED AND OTHERWISE HEALTH IMPAIRED

The orthopedic, or traditional "crippled", child is one who is defective in bone, joint or muscle to the extent that he requires special services in order that he may develop to the limit of his mental, social, or physical potentials. Such a child may be significantly handicapped by cerebral palsy, muscular dystrophy, spina bifida, an impaired heart, epilepsy, trauma, or a physical anomaly, etc.

Services are allowed by law only upon the certification of a medical American Board Specialist. Such orthopedists, internists, neurologists, and pediatricians must certify these pupils every year before they may be enrolled.

GOAL: TO PROVIDE CRIPPLED AND OTHERWISE HEALTH IMPAIRED CHILDREN IN MICHIGAN WITH BASIC CLASSROOM PROGRAMS APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for basic classroom programs for crippled and otherwise health impaired are based on the following population estimates, incidence rates, and professional personnel-student ratio.

Age Group	Population	Incidence Rate	Professional personnel-student ratio
0-4	969,000	.0025	1:15
5-19	2,500,000	.005	1:15
20-25	500,000	.00025	1:15

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. All children currently in institutions are included in the calculation of numbers needing service.

6. Personnel requirements to provide all the basic classroom programs needed for the crippled and otherwise health impaired are 311 teachers of the physically handicapped and 311 teacher-aides.

7. The number of teachers of the physically handicapped in the last two years of training at Michigan universities in 1970-71 is 152.

8. Based on the number of professional personnel in training (7) it is estimated that 50 will be available to become teachers of crippled and otherwise health impaired each year until 1974-75.

9. Basic classroom programs for crippled and otherwise health impaired require one professional teacher of the physically handicapped and one teacher-aide per classroom unit.

10. The following table shows program increases which are reasonable to expect and promote over the next five-year period.

Objectives by Years

Actual Number of Programs/ Services	Estimated Number of Basic Classroom Program Units for Crippled and Otherwise Health Impaired					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
243	273	303	311	311	311	311

Priorities:

1. Preschool programs.

2. Vocational programs.

EMOTIONALLY DISTURBED

An emotionally disturbed child is a child who is found to be emotionally disturbed through a complete medical diagnostic evaluation and: (1) whose emotional disturbance appears to cause an education deficit and/or (2) is so disruptive within the regular education classroom that intensive education and therapeutic services are needed to assist in the reduction of disruptive behavior;

and/or (3) the child has a serious pathology not exhibited by disruptive behavior (withdrawn, poor socialization patterns). Definitions used are as follows:

(1) Diagnostic evaluation includes school reports, social case history, psychological studies, psychiatric evaluation, and a discussion of the material by a multi-disciplinary educational planning committee.

(2) Disruptive behavior - activities of the child that causes himself and the other children to be disturbed to the extent that the educational process in the classroom is seriously and continuously interrupted.

(3) Therapeutic services - include counsultation with the teacher, parents, and the child by supportive personnel such as the social worker, psychologist, and psychiatrist, etc.

GOAL: TO PROVIDE EMOTIONALLY DISTURBED CHILDREN IN MICHIGAN WITH BASIC CLASS ROOM PROGRAMS APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for basic classroom programs for emtionally disturbed are based on the following population estimates, incidence rates, and professional personnel-student ratio.

Age Group	Population	Incidence Rate	Professional personnel-student ratio
0-4	969,000	.0025	1:10
5-19	2,500,000	.005	1:10
20-25	500,000	.00025	1:10

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. All children currently in institutions are included in the calculation of numbers needing service.

6. Personnel requirements to provide all the basic classroom programs needed for the emotionally disturbed are 1,552 teachers of the emotionally disturbed and 513 teacher-aides.

7. The number of teachers of the emotionally disturbed in the last two years of training at Michigan universities in 1970-71 is 481.

8. Based on the number of professional personnel in training (7) it is estimated that 160 will be available to become teachers of the emotionally disturbed each year until 1974-75.

9. Basic classroom programs for emotionally disturbed require one professional teacher for each classroom unit and one teacher-aide for every three classroom

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Basic Classroom Programs for Emotionally Disturbed					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
249	349	500	650	800	950	1,552

Priorities:

1. Supportive service for emotionally disturbed children in special education classes.
2. Supportive service for emotionally disturbed children in regular education classes.

LEARNING DISABILITIES

Learning disabilities are now defined in Federal legislation. Public Law 91-230, dated April 13, 1970, states: "The term 'children with specific learning disabilities' means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage."

This definition does not include the child functioning on a low level or borderline academic level, apparently because of home and community environment and not because of mental or physical impairment.

The population identified as being the most severely learning disabled in need of temporary service in a special classroom should not be expected to exceed 1/2 of 1% of the school age population. An additional 1.5% - 3% will probably require some form of supportive service to remediate difficulties.

Due to the confusion and controversy among professional educators, parents and the general public concerning the definition of learning disabilities and the types of programs needed for learning disabled children, the State Board of Education has appointed a committee to study this area. This committee is multi-disciplinary, representative of interested parent and educator groups (such as the Michigan Association for Learning Disabilities), and include general educators, as well as remedial reading and special education personnel.

The Study Committee on Learning Disabilities is charged with making recommendations in the following areas:

1. Administrative accountability for delivery of service.
2. Legislative changes necessary for program initiation.
3. Funding and staffing requirements.
4. Type of programs and services, e.g. special class, resource room, itinerant consultant, regular class master teacher.
5. Descriptions of children appropriate to each type of program or service.
6. Teacher training requirements.
7. The roles and training for other professional and non-professional personnel involved in learning disability programs.

The development of basic classroom programs and supportive services for learning disabled children will be based upon the recommendations of this special study committee as concurred in by the State Board of Education.

PART VI

PERFORMANCE OBJECTIVES FOR SUPPORTIVE SERVICES FOR HANDICAPPED CHILDREN

Supportive Services for handicapped children are defined as those itinerant or non-classroom services designed to enable less severely handicapped children to remain in the regular classroom for their basic educational program. An equally important function of supportive services is to provide services to more severely handicapped children who receive their basic educational program in special education classes.

Supportive services for handicapped children encompass a wide variety of functions. These functions include direct service to children, supportive service to teachers, and administrative planning and leadership support for special education programs.

Part VI contains performance objectives for specific supportive services for various types of handicapped children.

TEACHER-CONSULTANT FOR THE MENTALLY HANDICAPPED

Description of Service

The role of the teacher-consultant for the mentally handicapped is very flexible and relates to specific local or regional school district needs. Basically, the kinds of roles served in this teacher-consultant capacity are one or a combination of the following:

1. A supportive role in assisting educable mentally handicapped students who are enrolled in the general education program with their academic assignments. This support should be given on the minimum basis of twice a week for periods of no less than one hour per session. This can be done with individual pupils or in small homogeneous groups.
2. A counseling role for educable mentally handicapped children in cooperation with the general education school counselors.

3. A counseling role with parents of mentally handicapped children regarding each child's progress and joint planning for future special education and/or special needs of each child.
4. An educational team role of teacher-consultant and general education teachers serving the educable mentally handicapped students in the general education classrooms.
5. An active member of the Educational Planning Committee.
6. A role of support for educable mentally handicapped or trainable mentally handicapped children in special education classrooms as prescribed by educational planning committee.
7. A supportive role in providing information regarding educable mentally handicapped students to vocational education special needs teaching personnel.
8. A role of direct responsibility for coordinating placement of educable mentally handicapped students in job try-outs, on-the-job training, or work experience programs.
9. A coordination role in cooperative agreement programs with Vocational Rehabilitation.
10. A role of cooperating with Vocational Education Cooperative program coordinator to avoid duplication of effort plus sharing of job openings on the job market.
11. On-going communication with local school administration assigned to student and teacher personnel and community service agencies.
12. A cooperative role with the teacher-counselor for the physically handicapped in regard to pre-vocational, vocational training, and vocational placement.
13. A role of consultant to parents regarding training procedures, readiness activities and child growth and development patterns for pre-school educable mentally handicapped students.

14. A role of close cooperation with the Curriculum Resource Consultant. The Curriculum Resource Consultant person can assist in supplying materials, teaching aids and prescribing specific techniques for the Teacher Consultant in dealing with individual student learning problems.

Description of Child Needing Service

Children and youth defined as educable mentally handicapped and in some cases a few trainable mentally handicapped will be eligible for this teacher consultant service. The service rendered to any given mentally handicapped student, will be contingent upon the prescriptive program recommended by the educational planning committee.

GOAL: TO PROVIDE MENTALLY HANDICAPPED CHILDREN IN MICHIGAN WITH TEACHER-COUNSELOR SERVICE APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for teacher-counselor service for mentally handicapped are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population	Pupils per program
0-4	969,000	1/5000	30
5-19	2,500,000	1/2500	30
20-25	500,000	1/50000	30

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide all the teacher-counselor services needed for the mentally handicapped are 1,040 teacher-counselors for the mentally handicapped.

6. The number of teachers of the mentally handicapped in the last two years of training at Michigan universities in 1970-71 is 1,067.

7. Based on the number of professional personnel in training (7) it is estimated that 10 - 100 will be available to become teacher-counselors of the mentally handicapped each year until 1974-75.

8. Teacher-counselors of the mentally handicapped must have at least three years experience as a classroom teacher of the mentally handicapped.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Teacher-Counselors for the Mentally Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
168	198	220	230	240	360	1,040

Priorities:

1. Serve educable mentally handicapped in regular classes.
2. Serve educable mentally handicapped in special classes.

SCHOOL DIAGNOSTICIAN SERVICE

Description of School Diagnostician Service

R.340.923 of the General Schools Laws specifically uses the reference "school diagnostician for the mentally handicapped" and assigns to this role the responsibility for conducting diagnostic studies and continuous evaluation for children being considered for placement into programs for the mentally handicapped. Upon completion of a diagnostic study, the school diagnostician makes a recommendation to the local superintendent regarding the eligibility for placement of the child and if the child is retarded the diagnosticain continues to function as a consultant resource to parents, teachers and administrators in meeting the child's learning and management needs.

Description of Child Needing the Service

Any child under 21 years of age and suspected of being mentally handicapped is eligible for services provided by the school diagnostician. If a diagnostic study confirms mental retardation, then the child is eligible for subsequent service, but if the child's problem is diagnosed as other than retardation, then the school diagnostician must terminate his contact and recommend some other program or service to the referral source.

GOAL: TO PROVIDE MENTALLY HANDICAPPED CHILDREN IN MICHIGAN WITH DIAGNOSTIC SERVICE APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for diagnostician service for mentally handicapped are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population ratio
0-4	969,000	1/10000
5-19	2,500,000	1/5000
20-25	500,000	-0-

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

4. Personnel requirements to provide 100% of the diagnostician services needed for the mentally handicapped are 617 diagnosticians.

5. The number of diagnosticians in the last two years of training at Michigan universities in 1970-71 is not known.

6. Based on previous annual growth in diagnostic services it is estimated that 50 - 70 diagnosticians will be added each year until 1974-75.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Diagnostician Service Units for the Mentally Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
323	373	425	485	550	617	617

Priorities:

1. Retesting minority group children.

TEACHER-COUNSELOR SERVICE FOR THE PHYSICALLY HANDICAPPED

Description of Teacher-Counselor Service for the Physically Handicapped

The role of the teacher-counselor for physically handicapped is to serve the educational needs of visually handicapped, hearing impaired, orthopedically handicapped, and otherwise health impaired children who are enrolled in regular classes. The exact duties of the teacher-counselor vary according to the needs of each child and include the following:

1. To interpret the special needs of each child to the classroom teacher, parents and others.
2. To teach physically handicapped students how to use special education aids such as hearning aids, talking books, tape recorders, large print books, etc.
3. To make home visits to instruct mothers in methods of stimulating their handicapped children.
4. To counsel with physically handicapped students concerning their educational problems.
5. To refer physically handicapped students to other appropriate services such as physical therapy, occupational therapy, vocational rehabilitation, etc.

6. To assist more severely handicapped children who are integrated into regular classes on a part-time basis.

7. To help evaluate the educational needs of physically handicapped children being considered for special class placement.

In densely populated areas the teacher-counselor for physically handicapped specializes in work with only one type of physically handicapped child such as the visually handicapped. However, in rural areas he usually works with a combined caseload of visually handicapped, hearing impaired, crippled and otherwise health impaired children.

Description of Children Eligible for Teacher-Counselor for the Physically Handicapped Service

The children who are eligible for teacher-counselor service for the physically handicapped are those who are defined in the appropriate proceeding section as visually handicapped, hearing impaired, crippled and otherwise health impaired. These children are not severely handicapped enough to require a segregated classroom program and are usually integrated into regular classes with their non-handicapped peers.

TEACHER-COUNSELOR SERVICE FOR THE HEARING IMPAIRED CHILDREN

GOAL: TO PROVIDE HEARING IMPAIRED CHILDREN IN MICHIGAN WITH TEACHER-COUNSELOR SERVICES APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for teacher-counselor services for hearing impaired are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population ratio	Pupils per program
0-4	969,000	1/12000	20
5-19	2,500,000	1/6000	20
20-25	500,000	1/120000	20

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide 100% of the teacher-counselor services needed for the hearing impaired are 518 teacher-counselors.

6. Based on previous growth patterns it is estimated that 5 - 10 additional teacher-counselors for the hearing impaired will be available each year until 1974-75.

7. Teacher-counselors for the hearing impaired must have at least three years experience as a classroom teacher of the hearing impaired.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Teacher-Counselors for the Hearing Impaired					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
30	35	40	50	60	70	518

Priorities:

1. Supportive services to the hearing impaired in regular classes.

2. Supportive service to the hearing impaired in special classes.

TEACHER-COUNSELOR SERVICE FOR VISUALLY HANDICAPPED CHILDREN

GOAL: TO PROVIDE VISUALLY HANDICAPPED CHILDREN IN MICHIGAN WITH TEACHER-COUNSELOR SERVICE APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for teacher-counselor services for the visually handicapped are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population	Pupils per program
0-4	969,000	1/40,000	20
5-19	2,500,000	1/20,000	20
20-25	500,000	1/400,000	20

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide 100% of the teacher-counselor services needed for visually handicapped are 155 teacher-counselors for the visually handicapped.

6. Based on previous growth patterns it is estimated that 15 - 30 teacher-counselors for the visually handicapped will be available each year until 1974-75.

7. Teacher-counselors for the visually handicapped must have at least three years experience as a classroom teacher of the visually handicapped.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Teacher-Counselors for the Visually Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
27	50	75	105	140	155	155

Priorities:

1. Supportive service to the visually handicapped in regular classes.

2. Supportive service to the visually handicapped in special classes.

TEACHER-COUNSELOR SERVICES FOR CRIPPLED AND OTHERWISE HEALTH IMPAIRED CHILDREN

GOAL: TO PROVIDE CRIPPLED AND OTHERWISE HEALTH IMPAIRED CHILDREN IN MICHIGAN WITH TEACHER-COUNSELOR SERVICES APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for teacher-counselor services for the crippled and otherwise health impaired are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population	Pupils per program
0-4	969,000	1/16,000	24
5-19	2,500,000	1/8,000	24
20-25	500,000	1/160,000	24

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide 100% of the teacher-counselor services needed for the crippled and otherwise health impaired are 389 teacher-counselors of the crippled and otherwise health impaired.

6. Based on previous growth patterns it is estimated that 20 - 60 additional teacher-counselors for the crippled and otherwise health impaired will be available each year until 1974-75.

7. Teacher-counselors for the crippled and otherwise health impaired need at least three years of experience as a classroom teacher of the crippled and otherwise health impaired.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Teacher-Counselors for the Crippled and Otherwise Health Impaired					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
64	84	104	144	194	250	389

Priorities:

1. Supportive service to the crippled and otherwise health impaired in regular classes.
2. Supportive services to the crippled and otherwise health impaired in special classes.

OCCUPATIONAL THERAPY SERVICE

Description of Occupational Therapy Service

"Occupational therapy is the art and science of directing man's response to selected activity to promote and maintain health, to prevent disability, to evaluate behavior and to treat or train patients with physical or psychosocial dysfunction."[1] The functions of occupational therapy are specifically evaluative, preventive, restorative or corrective in their application. They are administered by or supervised by a registered occupational therapist (OTR). The Michigan Occupational Therapy Association recognizes two other types of personnel, the Certified Occupational Therapy Assistant (COTA) and the Occupational Therapy Aide.

Occupational therapists play a role in two different types of service, occupational therapy and activity programs. The public school program for special education have up to this time been designed to include only the direct service type of occupational therapy, involving specific case referrals by a medical specialist.

"A direct service involves the therapist and patient in a customized program to prevent, correct, or compensate for specific pathology, while activity programs use their media to improve a given environment and thus the general welfare of the individual participants."[1]

Description of Child Needing the Service

Children who qualify for public school programs for the "crippled or otherwise health impaired" are among those individuals who may benefit from the services of an occupational therapist.

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[1]"Guidelines for Interpretation of Occupational Therapy in General Practice and Rehabilitation", 1970, a publication of the Committee on Practice, Michigan Occupational Therapy Association, Box 1801, Ann Arbor, Michigan 48103.

In view of the comprehensive range of services to children for which the occupational therapists are now training, it appears highly desirable to expand occupational therapy to all handicapped, particularly programs for children with learning disabilities. Occupational therapists can contribute to pre-vocational assessment and direct activities appropriate to many types of handicap or multiple involvement.

GOAL: TO PROVIDE PHYSICALLY HANDICAPPED CHILDREN IN MICHIGAN WITH OCCUPATIONAL THERAPY SERVICES APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for occupational therapy services for physically handicapped are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population	Pupils per program
0-4	969,000	1/60,000	40
5-19	2,500,000	1/30,000	40
20-25	500,000	-0-	

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide 100% of the occupational therapy services needed for the physically handicapped are 103 occupational therapists.

6. Based on previous growth patterns it is estimated that 12-15 additional occupational therapists will be available each year until 1974-75.

7. An occupational therapist must be professionally registered.

8. An occupational therapist will serve approximately four classroom units for the physically handicapped.

Objectives:

Performance Objectives						
Actual Number of Programs/ Services	Estimated Number of Occupational Therapy Service Units for Physically Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
36	48	60	75	90	103	103

Priorities:

1. Later elementary age crippled in pre-vocational programs.
2. Activities of Daily Living Training for all ages of crippled and otherwise health impaired.

PHYSICAL THERAPY SERVICE

Description of Physical Therapy

Physical therapy is "the art and science that deals with the prevention, correction, and alleviation of disease and effects of injury by employing manual and other physical means and devices according to the prescription of the physician".[1] It is the goal of physical therapy to assist the child so that his body may function to its maximum capacity.

The physical therapist utilizes physical means of treating disabilities. Examples are therapeutic exercise, both active and passive, massage, and the use of such agents as electricity, heat, light, and water. The physical therapist works with the child in physical rehabilitation procedures, such as those relating to mobility, and instructs him in a wide range of functional activities.

The physical therapist is considered an integral part of the educational planning team. He coordinates his program with that of the classroom teacher and the activities of the entire school staff. The physical therapist assumes his share of the responsibility for communicating with parents, and in advising them how they can cooperate and extend the effectiveness of physical therapy procedures at home. The physical therapist also instructs the child, his

[1] Physical Therapy, A Career of Science and Service, A Vocational Guidance Manual. Prepared by the American Physical Therapy Association, Washington, D.C.

teacher, and his parents concerning the care and use of therapeutic appliances and equipment.

Description of Child needing the Service

Any child who has a defect in bone, muscle or joint, or who is otherwise physically handicapped to the extent that a modification of the regular school program is desirable, may benefit from the services of a physical therapist. Children served are those for whom prescription for physical therapy is ordered by a qualified medical specialist. It is the responsibility of the therapist to translate such prescription into therapeutic activities designed to achieve the maximum degree of physical restoration possible for any individual child.

GOAL: TO PROVIDE PHYSICALLY HANDICAPPED CHILDREN IN MICHIGAN WITH PHYSICAL THERAPY SERVICES APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for physical therapy service for the physically handicapped are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population	Pupils per Program
0-4	969,000	1/30,000	20
5-19	2,500,000	1/15,000	20
20-25	500,000	-0-	

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

4. Personnel requirements to provide 100% of the physical therapy services needed for the physically handicapped are 205 physical therapists.

5. Based on previous growth patterns it is estimated that 20 - 45 additional physical therapists will be available each year until 1974-75.

6. Physical therapists must be professionally registered.

7. Physical therapists will serve approximately two classroom units of physically handicapped children.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Physical Therapy Service Units for Physically Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
53	75	100	130	165	205	205

Priorities:

1. Service to preschool crippled children.

2. Service to severely crippled children in special programs.

HOMEBOUND AND HOSPITALIZED TEACHER SERVICES

Description of Services

The teacher of a homebound or hospitalized child has the responsibility of providing at least two, one hour periods per week of appropriate educational experience for each child he visits. For some children, the teachers' task is one of coordinating with a school program in anticipation of a return of the child to that program. For other children the homebound teacher must create an entirely different plan, involving a different approach to education, including counseling, and recreational, avocational and vocational experiences. The homebound-hospitalized teacher must work closely with the parents and remain sensitive to the home climate. He must be aware of the services of community agencies and act as a coordinator of these services for his pupils.

Description of Child Needing the Service

The child described as "crippled or otherwise health impaired" (see definition in that section) is also the child who may require an itinerant teachering service. Such a child may be temporarily unable to attend school, due to illness, accident or injury, or he may be in the terminal stages of an illness. Only those children for whom school attendance is obviously impossible

should be considered eligible for homebound and hospitalized services. In larger hospitals, students may be grouped to provide class instruction.

GOAL: TO PROVIDE PHYSICALLY HANDICAPPED CHILDREN IN MICHIGAN WITH HOMEBOUND AND HOSPITALIZED SERVICES APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for homebound and hospitalized services for the physically handicapped are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population	Pupils per program
0-4	969,000	1/32,000	10
5-19	2,500,000	1/16,000	10
20-25	500,000	1/320,000	10

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide 100% of the homebound and hospitalized services needed for the physically handicapped are 174 homebound and hospitalized teachers.

6. The number of teachers of the physically handicapped in the last two years of training at Michigan universities in 1970-71 is 152.

7. Based on the number of professional personnel in training and previous growth patterns it is estimated that 4 - 10 additional teachers of the homebound and hospitalized will be available each year until 1974-75.

8. Teachers of the homebound and hospitalized must be trained as teachers of the physically handicapped.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Homebound and Hospitalized Service Units for the Physically Handicapped					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
161	165	170	175	184	194	194

Priorities:

1. Service to long term chronic and terminal cases.
2. Service to crippled and otherwise health impaired during temporary hospitalization.
3. Service to "normal" children with temporary conditions, i.e. broken leg.

TEACHER-CONSULTANT FOR THE EMOTIONALLY DISTURBED

Description of Supplemental Service

The teacher-consultant for the emotionally disturbed may function in one of a number of different ways or a combination of ways.

1. The teacher-consultant may work as a consultant to both regular and special classrooms to assist in educating disturbed children with or without seeing the child.
2. The teacher-consultant may work with individual children or in small groups for short periods of time.
3. The teacher-consultant may work as an educational diagnostic clinician so effective media and materials can be used to help emotionally disturbed children learn.
4. The teacher-consultant may work as a crisis intervention person. Crisis intervention could take one of two routes. The teacher-consultant could take emotionally disturbed children at the times they are so upset as to be disturbing to the rest of the regular class; or he may work with children on an every day basis when it is predictable that a child will become upset.

5. The teacher-consultant may also function as a person assisting the child in transition from the special emotionally disturbed room back into the regular classroom program. In addition, the teacher-consultant could maintain a reasonable follow-up and assist the child when necessary so he can be maintained in the regular school program successfully.

Description of Child Needing Teacher-Consultant for the Emotionally Disturbed Services

The child needing teacher-consultant for the emotionally disturbed service will probably be disturbed to a lesser degree than the child placed in a full-time special classroom for the emotionally disturbed. This child will be capable of functioning in a regular classroom the majority of the time. The ability of the child not only to tolerate regular class placement, but also to progress both behaviorally and academically may be the determining factor.

TEACHER-COUNSELOR SERVICE FOR EMOTIONALLY DISTURBED CHILDREN

GOAL: TO PROVIDE EMOTIONALLY DISTURBED CHILDREN IN MICHIGAN WITH TEACHER-COUNSELOR SERVICES APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for teacher-counselor services for emotionally disturbed are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population	Pupils per program
0-4	969,000	1/3,000	20
5-19	2,500,000	1/1,500	20
20-25	500,000	1/30,000	20

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide 100% of the teacher-counselor services needed for the emotionally disturbed are 2,056 teacher-counselors for the emotionally disturbed.

6. The number of teachers of the emotionally disturbed in the last two years of training at Michigan universities in 1970-71 is 481.

7. Based on previous growth it is estimated that 10-50 additional teacher-counselors for the emotionally disturbed will be available each year until 1974-75.

8. Teacher-counselors for the emotionally disturbed must have at least two years experience as a classroom teacher of the emotionally disturbed.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Teacher-counselor Service Units for Emotionally Disturbed					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
91	140	150	160	170	180	2,056

Priorities:

1. Supportive service to emotionally disturbed in regular classes.
2. Supportive service to emotionally disturbed in special classes.

SCHOOL SOCIAL WORK SERVICE

Description of School Social Work Service

Section 340.618 of the General Schools Laws authorizes school districts to establish a program designed for the prevention and treatment of children with behavior problems. School social workers are identified in this statute as the primary resource in helping these children. Using case work techniques generic to their discipline they work directly with the children and concurrently

work with the family, teachers and agencies in helping the child adjust to his environment. School social work service is also an essential component of a comprehensive school program for emotionally disturbed children.

Description of Child Needing the Service

Children with behavioral problems are those children exhibiting inappropriate behavior in the perception of the referral source, whether it be a teacher, parent, outside agency, or the child himself. The degree to which the inappropriate behavior has pervaded the child's personality and the destructiveness of that behavior to society or the child himself determines the child's eligibility for the School Social Work Program.

SCHOOL SOCIAL WORK SERVICES FOR EMOTIONALLY DISTURBED CHILDREN

GOAL: TO PROVIDE EMOTIONALLY DISTURBED CHILDREN IN MICHIGAN WITH SCHOOL SOCIAL WORK SERVICE APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for school social work service for emotionally disturbed are based on the following population estimates, service ratios and professional personnel-student ratio.

Age Group	Population	Professional-population
0-4	969,000	1/5,000
5-19	2,500,000	1/2,500
20-25	500,000	1/50,000

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide 100% of the school social work services needed for emotionally disturbed are 1,244 school social workers.

6. Based on previous growth patterns it is estimated that 50-75 additional school social workers will be available each year until 1974-75.

7. School social workers may provide supportive service to any handicapped child with an emotional or family problem or regular school children with emotional or family problems.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of School Social Work Service Units					Full Service Objective
1969-70	70-71	71-72	72-73	73-74	74-75	
619	675	725	785	850	925	1,244

Priorities:

1. Supportive service to emotionally disturbed children in special classroom programs.
2. Supportive services to handicapped children receiving special education programs or services.
3. "Regular" school children with emotional or family problems.

SPEECH CORRECTION SERVICE

Description of Speech Correction Services

The speech correctionist carries a caseload of 75 to 100 students who have defective speech. Typically, a speech correctionist serves children in more than one school building and works with each speech defective child two times each week either individually or in small groups. In addition, speech correctionists work with parents and teachers to help them understand the nature of the child's speech defect and how it can be corrected.

Another service often performed by speech correctionists is the prevention of later speech problems through working with kindergarten and primary grade teachers in general speech programs to teach correct articulation.

Description of Child Needing the Service

The child needing such service is usually one who has difficulty communicating with others by speaking and it is predicted that he will regress in communication if he does not receive assistance. Under present rules and regulations, speech correctionists work with children who have the following classification of speech problems:

1. Articulation problems such as omission or substitutions of sounds.
2. Noticeable and repeated speech interruptions even when continuous speaking is intended or repetition of sounds, words, phrases, or sentences.
3. Defective speech due to malformation of speech organs such as cleft palates.
4. Meaningless jargon or no speech at all.
5. Defective speech due to hearing impairment.

GOAL: TO PROVIDE SPEECH DEFECTIVE CHILDREN IN MICHIGAN WITH SPEECH CORRECTION SERVICES APPROPRIATE TO THEIR NEEDS.

Assumptions:

1. Needs for speech correction services are based on the following population estimates, service ratios, and professional personnel-student ratio.

Age Group	Population	Professional-population
0-4	969,000	1/4,000
5-19	2,500,000	1/2,000
20-25	500,000	1/40,000

2. All incidence rates for ages 0-4 will be 1/2 of incidence rates of ages 5-19 (U.S. Office of Education estimate).

3. Incidence rates for ages 20-25 will be 1/20 of the rates for ages 5-19.

4. Incidence rates for ages 5-19 are consistent with U.S. Office of Education information and the results of Public Act 220.

5. Personnel requirements to provide 100% of the speech correction services needed for speech defectives are 1,555 speech correctionists.

6. The number of speech correctionists in the last two years of training at Michigan universities in 1970-71 is 503.

7. Based on the number of professional personnel in training and previous growth patterns it is estimated that 170 will be available to become speech correctionists each year until 1974-75.

Objectives:

Performance Objectives

Actual Number of Programs/ Services	Estimated Number of Speech Correction Service Units					Full Service Objectives
1969-70	70-71	71-72	72-73	73-74	74-75	
1,024	1,124	1,225	1,335	1,445	1,555	1,555

Priorities:

1. Mentally, physically, or emotionally handicapped children with severe speech problems.
2. Other children with severe speech problems.
3. Handicapped children with mild articulation problems.
4. Other children with mild articulation problems.

DIRECTORS AND SUPERVISORS

Description of Supplemental Service

These administrative personnel employed in local and intermediate districts should plan, organize, and develop special education programs for all handicapped children. These positions should include responsibilities such as (a) developing a master plan for special education programs and services, (b) the development of continuous evaluation procedures, (c) the conducting of continuous inservice education programs, (d) community agency coordination, (e) supervising and assisting teachers and administrators in the selection

of instructional programs, and (f) maintain fiscal budgeting and management of all special education programs and services.

Description of the Programs Needing the Service

All programs and services for the physically handicapped, mentally handicapped, and emotionally handicapped should come under the direct supervision of special education directors and supervisors.

DIRECTORS OF SPECIAL EDUCATION

GOAL: TO PROVIDE EVERY HANDICAPPED CHILD IN MICHIGAN WITH COMPREHENSIVE SPECIAL EDUCATION PROGRAMS AND SERVICES APPROPRIATE TO HIS NEEDS.

Assumptions:

1. Knowledgeable and effective leadership and supervision is essential to the growth and maintenance of comprehensive special education programs and services.

2. There will be less than 30 intermediate school districts with a minimum school age population of 40,000 children by 1974-75.

3. Every reorganized intermediate school district should have a fully approved director of special education and intermediate school district with more than 100,000 school age poulation should have a fully approved assistant director of special education.

4. Local school districts with more than 10,000 school age population should have a fully approved director of special education.

5. Approved supervisors of special education should be employed by local and intermediate school districts whenever professional personnel in a specific program or service area exceeds 8.

6. Directors and supervisors must have at least 3 years of experience in the program or service they administer or supervise.

Objectives: Performance Objective

	Actual Number of Personnel	Estimated Numbers of Directors and Supervisor Units					Full Service Objective
	1969-70	70-71	71-72	72-73	73-74	74-75	
Directors	104	103	102	101	100	100	100
Supervisors	81	100	120	160	220	300	300

Priorities:

1. All intermediate school districts.
2. Local school districts over 20,000 school age population.
3. Local school districts over 10,000 school age population.

CURRICULUM RESOURCE CONSULTANTS

Description of Curriculum Resource Consultant

The role of the Curriculum Resource Consultant includes the following functions:

1. Consultation with teachers and other professional personnel. The Curriculum Resource Consultant will interpret new knowledge, skills, and competencies in curriculum and resources to regional personnel.
2. Select, procure and dispense materials designed for use with handicapped children.
3. Provide in-service training to local and intermediate school districts personnel such as:
   a. Orientation programs about the curriculum resource consultant service and other resources available.
   b. Production and demonstration workshops.
   c. Assistance in the development of materials and equipment.
4. Provide evaluation of materials and methods designed for use with handicapped children.
5. Assist in the development of learning centers in local school and intermediate school districts.

Description of Those to Receive Curriculum Resource Consultant Services

Curriculum resource consultant services are designed to provide supportive services to special education teachers and other professional personnel. It is anticipated that this service will also be available to regular teachers and especially those who have handicapped children integrated into their classes.

In order to provide handicapped children with appropriate educational programs and services it is necessary to insure that the teachers and other instructional personnel have the support of professional personnel who can evaluate and recommend media and materials for the use of handicapped children. Curriculum resource consultants should be available in each intermediate school district as well as any good sized school district. To assist the training of qualified curriculum resource consultants, the Michigan Department of Education will:

1. Sponsor additional institutes and workshops for curriculum resource consultants.
2. Assist universities to establish training programs for curriculum resource consultants.
3. Assist intermediate school districts in providing inservice training programs on materials and media for special education teachers on a regional basis.
4. Develop rules and regulations to include curriculum resource consultants under reimbursable special education personnel.

The concept of the curriculum resource consultant has been developed only within the last two years. Due to the newness of this position it will be necessary to continually upgrade the training of existing curriculum resource consultants.

At the present time, it is estimated that every regional/intermediate school district and each local school district with about 20,000 enrollment should employ a curriculum resource consultant for their special education program. There are approximately 30 persons in Michigan receiving training for the role of the curriculum resource consultant. It is estimated that approximately 50 curriculum resource consultants will be needed in Michigan by 1974-75.

AREA SPECIAL EDUCATION LEARNING CENTER SERVICES

Purpose of Area Special Education Learning Centers

A Special Education Learning Center should be established by intermediate or local districts to provide materials and equipment to special educators of a designated area. The Center would provide the services of an approved resource consultant (supervisor) to assist special education personnel in the appropriate selection of materials and to provide inservice education in curriculum and practices.

The Special Education Learning Center may be established as part of an existing Center or as a new service for an area. The funding for a Special Education Learning Center and curriculum resource personnel would be determined through application of the intermediate or local district to the Michigan Division of Special Education.

Description of a Learning Center

The area Special Education Learning Center would be used as a reference center. The Regional Instructional Materials Center for Handicapped Children and Youth at Michigan State University would provide information retrieval, material development, material evaluation, inservice education, and would contain a depository for teacher-made materials. The USOERIMC/MSU would be used as a study and demonstration area and house materials to be used with special education children.

The area Center would house books, curriculum materials, 3-D items, audio-visual equipment and supplies as well as materials for teacher developed learning devices. It is expected that these items in the center would consist of supplemental materials not readily available at the local level. The number of items will be determined by the population to be served.

The materials for the Center would be selected for purchase by a committee consisting of the Curriculum Resource Consultant (Supervisor), special education teachers of students who will use the materials, and/or intermediate

special education directors and other members of the center staff. Others with competency may be invited to serve. The curriculum resource consultant (supervisor) would supervise the ordering of materials in most cases but would always work with the center director and purchasing agent.

Materials would usually be available for circulation within two weeks after receipt by the center. Special education personnel would have priority for use and other educators could use the materials when they were available.

It is estimated that each intermediate/regional school district and each local school district with at least 20,000 enrollment should develop a special education learning center. This would mean that Michigan should develop approximately 50 special education learning centers by 1974-75.

SPECIAL EDUCATION-VOCATIONAL REHABILITATION COOPERATIVE PROGRAMS

Description of Cooperative Agreements Service

The cooperative agreements are contractual relationships between local and intermediate school districts and the Michigan Department of Education, Division of Vocational Rehabilitation. These are staffing agreements whereby the school assigns staff to work under the technical supervision of the rehabilitation agency and the rehabilitation agency assigns its staff to work with students referred by the city school system. Through joint programming and the utilization of resources of both agencies, unique rehabilitation and education services can be provided to the adolescent to enable him to take full advantage of his high school program before he has had to face the many frustrations and failures of seeking employment for which he is neither vocationally nor physically prepared. The primary goal of the special education-vocational rehabilitation program is to aid handicapped students to use their 12 years of public education as tool for economic, self-sufficiency.

Description of Child Needing the Service

The program is designed to serve adolescences, (approximately 14 through 20) of all disabilities with the exception of the blind. Students must be

legally eligible for special education and vocational rehabilitation, and be in immediate need of joint services. Emphasis is placed on providing service to those individuals who are physically and mentally impaired with a severe vocational disability. This category includes the physically handicapped who need physical restoration and rehabilitation services in order to be able to benefit from special education-vocational education, and general education services; mentally handicapped who may need extensive vocational diagnosis and counseling, personal adjustment training, and intensive educational services to prepare for vocational self-sufficiency; and handicapped alolescents who are in need of extended evaluation services in a rehabilitation facility in order to determine if they are capable of learning the necessary job and work adjustment skills needed to enter and to gain full employment.

It is estimated that each intermediate/regional school district should develop a special education-vocational rehabilitation cooperative agreement program. This would mean that Michigan should have approximately 30 special education-vocational rehabilitation cooperative agreement programs by 1974-75.

PART VII

THE ROLE OF STATE SCHOOLS AND INSTITUTIONS

In the past, state schools and institutions have played an important role in the delivery of services to Michigan's handicapped children and youth. However, with the growth of special education programs and services in public schools, the roles of state schools and institutions have been changing. As more and more handicapped children and youth are served by the public schools in their home communities the population of state schools and institutions has generally been reduced in size and those children who remain tend to be more severely handicapped.

The changing nature and the reduced size of the population of state schools and institutions does not negate their importance. There will probably always be a need to maintain state schools and institutions to serve three types of handicapped children and youth.

First, there will always be some handicapped children whose families cannot cope with their handicap. The necessary and humane thing to do in this instance may be to serve the child in a state school or institution.

The second type of child who will need programs and services in state schools and institutions is the child who is severely handicapped or who is multiply-handicapped to the extent that the public schools of his community cannot provide the comprehensive programs and services necessary to help him to attain his highest potential. Specialized personnel and equipment may be necessary to provide his educational program. In addition the incidence rate for severely and multiply-handicapped children is so low that the average community would not have enough of these children to make a local or regional program feasible.

The third type of handicapped persons who may require the program of a state school are high school or post-school youth who need specific vocational

training because of moderate to severe impairment of their hearing or sight. Because of the low incidence rates of these cases and the highly specialized vocational training techniques necessary for occupational development of these students, few communities will have either the numbers of these types of students or the resources to make local or even regional programs feasible. Therefore, the state school will offer the best alternative method of providing the necessary vocational programs and service for deaf and blind youth.

The following two sections present the roles of the Michigan School for the Deaf and the Michigan School for the Blind respectively. These sections were prepared with the cooperation of the superintendents of each state school.

THE ROLE OF THE MICHIGAN SCHOOL FOR THE DEAF

The basic assumptions underlying the role of the Michigan School for the Deaf in providing comprehensive educational programs and services for the auditorily handicapped children of Michigan are as follows:

Assumptions 1:

The programs and services provided at the Michigan School for the Deaf in Flint are a part of the total range of comprehensive programs and services available to Michigan's auditorily impaired children.

Assumption 2:

Every child is entitled to a free public education and should not be required to leave his home and community in order to exercise this right.

Therefore, programs and services appropriate to meet the needs of every auditorily handicapped child should be provided by the local or intermediate education agency whenever feasible.

In regard to these basic assumptions, it is recognized that there will always be a need to operate a state school for the deaf. However, due to the changing nature of the population of deaf children and the growth of local and intermediate (regional) programs and services the role of the state school must change.

The full-time residential population of the Michigan School for the Deaf will decrease as the number of comprehensive local and intermediate (regional) programs and services increases. However, there is an increasing number of multiply-handicapped deaf children who will need a total residential care and educational program. In addition, there will continue to be a few deaf students who, because of living in extremely isolated areas or because of unsatisfactory home conditions, would be appropriately served at the state school.

Although there will be a decrease in the number of long term residential

students at the Michigan School for the Deaf, there should be an increase of short term or temporary students who attend the school to receive highly specialized services which are not available through the local and/or intermediate (regional) school districts. These specialized programs and services are presented below in the form of strategies used to reach specific objectives.

OBJECTIVES AND STRATEGIES FOR THE MICHIGAN SCHOOL FOR THE DEAF

Objective 1.1: To increase the use of the Michigan School for the Deaf facilities and staff for the diagnosis and evaluation of hearing impaired children receiving basic educational services from local and intermediate school districts.

Strategy 1.11: Encourage local and intermediate school districts to send students to the Michigan School for the Deaf for complete hearing evaluation.

Strategy 1.12: Provide for short term trial placement at the state school for a complete evaluation of the educational needs of the child.

Strategy 1.13: Provide the opportunity for a teacher and her class of deaf children to function at the school for the deaf for a short period in order to get inservice experience for the teacher and educational evaluation of her students.

Strategy 1.14: Provide hearing aid repair, hearing aid fitting and evaluation, and training in the use of the hearing aid to deaf students from local or intermediate programs.

Objective 1.2: To decrease the number of deaf children who receive their total or long term residential and educational program at the Michigan School for the Deaf in Flint.

Strategy 1.21: Use Michigan School for the Deaf staff to provide

consultant services to local and intermediate programs for hearing impaired children.

Strategy 1.22: Encourage the growth of local and/or intermediate (regional) programs for hearing impaired children.

Objective 1.3: To increase the number of auditorily handicapped (deaf) children who receive supportive short-term programs and services from the Michigan School for the Deaf.

Strategy 1.31: Provide realistic and specific vocational training for non-college bound deaf youths.

Strategy 1.32: Provide secondary educational and vocational programs for deaf youths from sparsely settled areas.

Strategy 1.33: Provide short-term evaluation and diagnosis services to deaf children who receive their basic educational program in local or intermediate school districts.

Strategy 1.34: Provide diverse summer programs as a supplement to local and intermediate programs and services for deaf children.

In order to promote the growth of quality programs and services for deaf children, the Michigan School for the Deaf has the following objectives and strategies:

Objective 2.1: To increase the use of specialized material and equipment housed in the Media Center of the Michigan School for the Deaf.

Strategy 2.11: Modernize and increase the efficiency of the materials checkout and scheduling system used by the Media Center at the Michigan School for the Deaf.

Strategy 2.13: Disseminate information about the materials available and the process of borrowing those materials to directors, supervisors, and teachers in programs and services for deaf children operated by local and intermediate school districts.

Objective 2.2: To increase the consultant role of the staff of the Michigan School for the Deaf.

Strategy 2.21: Sponsor inservice training workshops, institutes, conferences, etc. using the facilities of the Michigan School for the Deaf in Flint.

Strategy 2.22: Provide facilities and staff to evaluate and upgrade the educational process in teacher-pupil groups from local and intermediate school districts.

Strategy 2.23: Promote the use of Michigan School for the Deaf staff to provide inservice training for local and intermediate (regional) programs and services for deaf children.

Strategy 2.24: Provide for the participation of Michigan School for the Deaf staff in local and intermediate educational planning committee meetings when one of the educational alternatives for the child may be temporary or long term placement at the state school.

Strategy 2.25: Develop and disseminate a catalog of materials and services available to local and intermediate programs for deaf children from the Michigan School for the Deaf.

THE ROLE OF THE MICHIGAN SCHOOL FOR THE BLIND

The basic assumptions underlying the role of the Michigan School for the Blind (MSB) in providing comprehensive K-12 education and related services for the visually impaired (V-I) children of Michigan are as follows:

Assumption 1:

That the programs and services of the MSB are a part of the total range of comprehensive educational programs and services available to Michigan's V-I children.

Assumption 2:

That the MSB, as a part of the State Department of Education (SDE), works closely with the Division of Special Education within its framework in the state plan for the education of the V-I as it carries out the legal responsibility with which it is charged.

Assumption 3:

That the MSB is legally charged with the responsibility for providing elementary and secondary education for all V-I children who can be brought to the point of demonstrating a capacity for useful learning and who cannot be satisfactorily educated in their local schools because of a lack of program base, lack of trained staff, lack of adaptive equipment, need for resident controls or for other good reason.

Assumption 4:

That as a state school, MSB's facilities, staff and services should be resources for the extension and improvement of educational opportunity. V-I children, their parents, colleagues in special education, the Division of Special Education, local school districts, and higher education should expect MSB to be helpful in every appropriate way.

OBJECTIVES AND STRATEGIES FOR THE MICHIGAN SCHOOL FOR THE BLIND

Objective 1.1: To increase the use of MSB staff and facilities for the

educational assessment (in depth) of V-I children with additional learning problems.

> (According to the 220 Survey, 462 V-I children await diagnosis and 229 await placement. This is a minimum number. Two hundred ninety names of children in residence at MSB were furnished their respective intermediate districts. Only 111 or 39 per cent of this count (already made) were reported back in the survey. If the reporting on other V-I children is this fragmentary, there are more than 1,000 V-I children in Michigan awaiting assessment and/or placement.)

Strategy 1.11: Hasten the construction of the Flow Center at MSB for in-depth assessment services.

Strategy 1.12: Encourage local and intermediate school districts to send V-I children with additional serious learning problems to MSB for educational assessment if in-depth preparation is indicated.

Strategy 1.13: Extend the services of the behavioral modification program to V-I children in out-state areas where such services may be needed but are not feasible. This would include the necessary residency and educational services for the period of observation and follow-up.

Strategy 1.14: Continue supportive services to the child, his parents and their local school when the child is returned to his district of origin.

Objective 1.2: To increase the use of MSB facilities and staff as needed to help local and intermediate school districts open more curricular areas to junior and senior high school students in districts where adaptive equipment and staff trained in its use may not be adequately available.

Strategy 1.21: Send an appropriate consultant and trained student to local districts when requested to demonstrate the needed instructional and learning techniques including adaptive and safety procedures. The more difficult instructional areas are Mathematics, Science, Homemaking, Shop and related areas, Commercial subjects, Physical Education and Orientation and Mobility.

Strategy 1.22: Conduct short but intensive summer programs at MSB or

in regional seetings for secondary teachers in these courses (Strategy 1.21) who need to open their courses to V-I youth but have no appropriate training, experience, nor equipment.

Strategy 1.23: Conduct summer courses for junior and senior high school youth from local districts who need training in Orientation and Mobility, Pre-vocational and Vocational and the difficult instructional areas (Strategy 1.21) or could explore Piano Tuning and Repair as a vocation.

Strategy 1.24: Use teachers or teacher counselors from local districts as teacher assistants in the summer programs in which they may feel a need for more specific knowledge of safety, materials and methods.

Objective 1.3: To increase the number of V-I children who receive suppportive short term programs at MSB.

Strategy 1.31: Open the Pediatric Low Vision Aid Center to V-I children in the state who do not have suitable services available. This would include residence and ongoing schooling during the somewhat comprehensive experimentation with an array of types of aids, the fitting process, supervised learning the use of the aid and supportive help to parents and local teacher to whom the child will return with his aid.

Strategy 1.32: Provide follow-up services for reexaminations, adjustments, repair or changes in fitting because of change of eye condition, maturity and growth.

Strategy 1.33: Accept temporarily for resident programming any V-I child who may benefit from changed programming in any learning area where some different approach seems indicated.

Objective 1.4: To develop services helpful in improving the variety, quality, quantity, and currentness of instructional materials available to V-I children wherever they are being educated.

Strategy 1.41: Extend the services of the well equipped MSBIMC to all school systems in the state.

Strategy 1.42: Get specific approval from H.E.W. to accomplish this extension. Federal auditors say we must limit the output of this project to MSB students.

Objective 1.5: To work with educational colleagues and higher education with the Division of Special Education in the Department of Education to establish and maintain a system of standards, systems of assessment and a system of accreditation applicable to educational programs for all V-I children in Michigan. Establish more minimum requirements dealing with equipment and content as requisites for state aid.

Strategy 1.51: Write up a plan and seek a federal grant in connection with systems of higher education in Michigan and seek to have this systems accomplished under the leardership of the Division of Special Education in the Department of Education.

THE ROLE OF STATE HOMES AND TRAINING SCHOOLS

Article VIII, Section 3 of the Michigan Constitution invests the powers of "...leadership and general supervision over all public education including... instructional programs in state institutions..." in the State Board of Education. In the past educational programs in state homes and training schools have been operated and supervised by the Michigan Department of Mental Health.

In recent months, discussions have been held between the Michigan Department of Education staff and the Michigan Department of Mental Health staff concerning the possible transfer of supervision of instructional programs in state homes and training schools. Although these discussions have not reached the decision stage, there is reason to believe that such a transfer is a real possibility at some time in the future.

It is the objective of the Michigan Department of the Michigan Department of Education to eventually exercise its constitutional obligations for leadership and supervision over instructional programs in state institutions. The Michigan Department of Education will continue its negotiations with the Michigan Department of Mental Health as a means to accomplish this objective.

REFERENCE MATERIALS

The following is a list of documents which have influenced the development of this state plan. These documents contain historical background and other information related to the growth, present status, and recommendation for the future. These documents are available from Special Education Services of the Michigan Department of Education.

1. Historical Background, Information and Proposed Policies, and Procedures for 1970-71 for:
   Programs for the Physically Impaired
   Programs for the Mentally Handicapped
   Programs for the Emotionally Disturbed
   Supplementary Services to Special Education Programs
   (Service Area Report, September 22, 1970)

2. Michigan Administrative Code Committee on Special Education Report (May, 1969)

3. Michigan Special Education Finance Committee Report (1968)

4. Michigan Special Education Committee on Certification of Teachers of the Handicapped Report (June, 1970)

5. Report Number One: General Information on Public Act 220 of 1969 Study of Handicapped Children and Youth (Submitted to the State Board of Education - January, 1971)

6. Rules and Regulations for Special Education Programs (December, 1969)